

BIRCH, STEWART, KOLASCH & BIRCH, LLP

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P.O. Box 747 • Falls Church, Virginia 22040-0747
Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

SUPPLEMENTAL COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title: **USE OF RECOMBINANT PARAINFLUENZA VIRUSES (PIVs) AS VECTORS TO PROTECT AGAINST INFECTION AND DISEASE CAUSED BY PIV AND OTHER HUMAN PATHOGENS**
the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following:

Fill in Appropriate Information - The specification was filed on 12/08/2000 as United States Application Number 09/733,692 ;
and amended on _____ (if applicable) and/or _____

For Use Without Specification Attached: the specification was filed on _____ as PCT International Application Number _____ ;
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I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows.

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Insert Provisional Application(s): (if any)	60/059,385	September 19, 1997
	(Application Number)	(Filing Date)
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	(Application Number)	(Filing Date)	(Status - patented, pending, abandoned)
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I hereby appoint the practitioners at CUSTOMER NO. 33883 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

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Full Name of First
or Sole Inventor:
Insert Name of
Inventor
Insert Date This
Document is Signed

Insert Residence
Insert Citizenship
Insert Post Office
Address

Full Name of Second
Inventor, if any:
see above

Full Name of Third
Inventor, if any:
see above

Full Name of Fourth
Inventor, if any:
see above

Full Name of Fifth
Inventor, if any:
see above

Full Name of Sixth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME Brian R. MURPHY	INVENTOR'S SIGNATURE <i>Brian R. Murphy</i>	DATE* 10/16/06
Residence (City, State & Country) Bethesda, Maryland, USA		CITIZENSHIP US
MAILING ADDRESS (Complete Street Address including City, State & Country) 5410 Tuscarawas Road, Bethesda, Maryland 20816, USA		
GIVEN NAME/FAMILY NAME Peter L. COLLINS	INVENTOR'S SIGNATURE <i>Peter L. Collins</i>	DATE* 12/18/06
Residence (City, State & Country) Silver Spring, Maryland, USA		CITIZENSHIP US
MAILING ADDRESS (Complete Street Address including City, State & Country) 2921 Woodstock Ave., Silver Spring, Maryland 20910, USA		
GIVEN NAME/FAMILY NAME ALEXANDER C. SCHMIDT	INVENTOR'S SIGNATURE <i>Alexander C. Schmidt</i>	DATE* 12/18/06
Residence (City, State & Country) Washington, DC, USA Bethesda, MD, USA		CITIZENSHIP US
MAILING ADDRESS (Complete Street Address including City, State & Country) 1831 Belmont Road, #203 NW, Washington, D.C. 20009, USA 5411 Roosevelt St., Bethesda, MD 20817		
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Attorney Docket No. 1173-1050PUS1

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Attorney Docket No. 1173-1050PL51

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or Sole Inventor
Insert Name of
Inventor →
Insert Date This
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Insert Residence
Insert Citizenship →
Insert Post Office
Address →


Full Name of Second
Inventor, if any:
see above

Full Name of Third
Inventor, if any:
see above

Full Name of Fourth
Inventor, if any:
see above

Full Name of Fifth
Inventor, if any:
see above

Full Name of Sixth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME Brian R. MURPHY	INVENTOR'S SIGNATURE	DATE*
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Attorney Docket No. 1173-10301-1

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